

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: COMBINATION THERAPY FOR HYPERPROLIFERATIVE
DISEASE
Attorney Docket Number:: PC23311A

Inventor Information

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Jitesh P.
Family Name:: Jani
City of Residence:: East Lyme
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 14 Cardinal Road
City:: East Lyme
State or Province:: CT
Postal or Zip Code:: 06333
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Jean S.
Family Name:: Beebe
City of Residence:: Salem
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 383 Forsyth Road
City:: Salem
State or Province:: CT
Postal or Zip Code:: 06420
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Tracey L.
Family Name:: Schaeffer
City of Residence:: Franklin
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 4 Hyde Park Road
City:: Franklin

EXPRESS MAIL NO. EL874872611US

Applicati n Data Sheet

State or Province:: CT
Postal or Zip Code:: 06254
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Diane I.
Family Name:: Healey
City of Residence:: Madison
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 38 Grouse Lane
City:: Madison
State or Province:: CT
Postal or Zip Code:: 06443
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Karen J.
Family Name:: Ferrante
City of Residence:: East Greenwich
State or Prov of Residence:: RI
Country of Residence:: US
Street:: 150 Adirondack Drive
City:: East Greenwich
State or Province:: RI
Postal or Zip Code:: 02818
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: James J.
Family Name:: O'Leary
City of Residence:: Mystic
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 195 High Meadow Lane
City:: Mystic
State or Province:: CT
Postal or Zip Code:: 06355

Correspondence Information

Correspondence Customer Number:: 23913

Representative Information

Representative Customer Number:: 23913

Application Data Sheet

Assignee Information

Assignee Name:: Pfizer Inc

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non Prov of Prov	60/404,461	08/19/02